

**INACTIVE TO ACTIVE LICENSE  
STATUS CHANGE**

1800 37M-406 (REV. 6/00)

Please type or print clearly in ink. Be sure to provide all information.

Allow 30 days for your license request to be processed.

*For Office Use Only:*

Cashiering No.: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

**VITAL INFORMATION**

Name (as it appears on your license) \_\_\_\_\_

License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address of Record \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Residence Phone \_\_\_\_\_

Request is hereby made for my license to be changed from an inactive license to an active license. I have completed the continuing education required to activate an inactive license. During the time I had an inactive license, I did not engage in any activity for which an active license is required.

Please initial below

\_\_\_\_\_ I understand that I must pay the remaining ½ of the renewal fee of \$\_\_\_\_\_ to reactivate my license and that I must return my inactive license (fee and license enclosed).

\_\_\_\_\_ I understand that I must pay the remaining ½ of the renewal fee of \$\_\_\_\_\_ to reactivate my license. I am **not** returning my inactive license with this request because it has been (fee enclosed):

Please circle one

LOST

STOLEN

DESTROYED

NEVER RECEIVED

**NOTE:** The only exception to the requirement of returning your inactive license is if it has been lost, stolen, destroyed or the original was never received. If your license has been mutilated, the document to be replaced must be returned.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date changed: \_\_\_\_\_ By: \_\_\_\_\_ ATS ☐ CAS: ☐